

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 9

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)

**A. Marsha Ryan**

Mailing Address 518 East Broad Street

City State Zip Code  
 Columbus OH 43215

FEC ID number of contributing federal political committee.

C

Name of Employer

State Auto Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 11 / 2013

Transaction ID : 11481196

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Roger Sugarman**

Mailing Address 65 East State Street

City State Zip Code  
 Columbus OH 43215

FEC ID number of contributing federal political committee.

C

Name of Employer

State Auto Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 20 / 2013

Transaction ID : 11485380

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**C. Alison Coolbrith**

Mailing Address 19 Schuyler Lane

City State Zip Code  
 Bloomfield CT 06002

FEC ID number of contributing federal political committee.

C

Name of Employer

State Automobile Mutual Insurance Comp

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 25 / 2013

Transaction ID : 11499482

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►